



Palliative Non-Small Cell Lung Cancer Regimens

The following table lists the evidence-informed regimens (both IV and non-IV) for non-small cell lung cancer used in the palliative setting. It is expected that the prescribing oncologist will select the regimen from the list of evidence-informed regimens that is most appropriate for their patient taking account of a variety of disease-specific and patient-related factors.

Regimens highlighted in red contain an expensive drug that is not currently publicly funded for the regimen and treatment intent.

Regimens highlighted in blue contain an expensive drug that is not currently publicly funded but where there is a universal compassionate access program in place. The administration of the drug supported by the systemic treatment funding model, but not the cost of drug.

Non-Small Cell Lung Cancer	
Regimen Code	Regimen Abstract
AFAT	Afatinib 40 mg PO daily
CAP	Cyclophosphamide 500 mg/m ² IV day 1; DOXOrubicin 50 mg/m ² IV day 1; CISplatin 50 mg/m ² IV day 1. Q21 days
CISPDOCE	CISplatin 75 mg/m ² IV day 1; DOCEtaxel 75 mg/m ² IV day 1. Q21 days
CISPETOP(3D)	CISplatin 25 mg/m ² IV days 1-3; Etoposide 100 mg/m ² IV days 1-3 days. Q21 days
CISPETOP(PO)	CISplatin 75 mg/m ² IV day 1; Etoposide 200 mg/m ² PO days 1-3. Q21 days <i>Alternative Schedule:</i> Etoposide 100 mg/m ² IV day 1 then 200 mg/m ² PO days 2-3
CISPETOP(RT)	CISplatin 50 mg/m ² IV days 1, 8, 29, 36; Etoposide 50 mg/m ² IV days 1-5 and 29-33 Concurrent with radiotherapy

Non-Small Cell Lung Cancer

Regimen Code	Regimen Abstract
CISPGEMC	<p>CISplatin 75 mg/m² IV day 1; Gemcitabine 1000-1250 mg/m² IV days 1, 8. Q21 days</p> <p><i>Alternative Schedule:</i> CISplatin 80 to 100 mg/m² IV day 1; Gemcitabine 1000 mg/m² IV days 1, 8, 15. Q28 days</p>
CISPPEME	<p>CISplatin 75 mg/m² IV day 1 Pemetrexed 500 mg/m² IV day 1. Q21 days</p>
CISPVINO	<p>CISplatin 75 mg/m² IV day 1; Vinorelbine 25-30 mg/m² IV days 1, 8. Q21 days</p>
CRBPDOCE	<p>CARBOplatin AUC 5 IV day 1; DOCEtaxel 75 mg/m² IV day 1. Q21 days</p>
CRBPETOP	<p>CARBOplatin AUC 5 IV day 1; Etoposide 100 mg/m² IV days 1-3. Q21 days</p>
CRBPETOP(PO)	<p>CARBOplatin AUC 5 IV day 1; Etoposide 200 mg/m² PO days 1-3. Q21 days</p> <p><i>Alternative Schedule:</i> Etoposide 100 mg/m² IV day 1 then 200 mg/m² PO days 2-3.</p>
CRBPGEMC	<p>CARBOplatin AUC 5 IV day 1 Gemcitabine 1000-1250 mg/m² IV days 1, 8. Q21 days</p>
CRBPPACL	<p>CARBOplatin AUC 5-6 IV day 1; PACLitaxel 175-200 mg/m² IV day 1. Q21 days</p>
CRBPPACL(W)	<p>CARBOplatin AUC 5-6 IV day 1; Paclitaxel 80-90 mg/m² IV days 1, 8, 15. Q28 days</p>
CRBPPEME	<p>CARBOplatin AUC 5 IV day 1; Pemetrexed 500 mg/m² IV day 1. Q21 days</p>
CRBPVINO	<p>CARBOplatin AUC 5 IV day 1; Vinorelbine 25 mg/m² IV days 1, 8. Q21 days</p>
CRIZ	<p>Crizotinib 250 mg PO BID</p>

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Regimen Code	Regimen Abstract
DOCE	DOCEtaxel 75 mg/m² IV day 1 - PDRP funding for this drug may depend of prior therapies, contact PDRP (NDFP) if clarification is required Q21 days
DOCE(W)	DOCEtaxel 33.3-40 mg/m ² IV days 1, 8, 15. Q28 days <i>Alternative Schedules:</i> DOCEtaxel 33.3-40 mg/m ² IV days 1, 8, 15, 22, 29, 36. Q56 Or DOCEtaxel 33.3-40 mg/m ² IV days 1, 8. Q21 days
ERLO	Erlotinib 150 mg PO daily
ETOP(PO)	Etoposide 50 mg/m ² PO daily days 1-14. Q21-28 days
GEFI	Gefitinib 250 mg PO daily
GEMC	Gemcitabine 1000-1250 mg/m ² IV days 1, 8. Q21 days <i>Alternative Schedule:</i> Gemcitabine 1000 mg/m ² IV days 1, 8, 15. Q28 days
NIVL	Nivolumab 3 mg/kg IV day 1. Q14 days
PACL	PACLitaxel 175 mg/m ² IV day 1. Q21 days
PACL(W)	PACLitaxel 80 mg/m ² IV days 1, 8, 15. Q28 days
PEME	Pemetrexed 500 mg/m ² IV day 1. Q21 days
VINO	Vinorelbine 25-30 mg/m ² IV days 1, 8, 15. Q28 days <i>Alternative Schedule:</i> Vinorelbine 25-30 mg/m ² IV days 1, 8. Q21 days
ZOLE	Zoledronic Acid 4 mg IV day 1. Q28 days
ALEC	Alectinib 600 mg PO bid – not currently publicly funded for this regimen and intent <i>Note: For use in patients with ALK-positive non-small cell lung cancer (NSCLC) who have progressed on or are intolerant to crizotinib</i>

Non-Small Cell Lung Cancer

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CERI	Ceritinib 750 mg PO daily – not currently publicly funded for this regimen and intent
CRBPPACL+BEVA	CARBOplatin AUC 5 IV day 1; PACLitaxel 175-200 mg/m ² IV day 1; Bevacizumab 15 mg/kg IV day 1 – not currently publicly funded for this regimen and intent Continued Bevacizumab monotherapy – not currently publicly funded for this regimen and intent Q21 days
DABRTRAM	DaBRAfenib 150 mg PO bid – not currently publicly funded for this regimen and intent; Trametinib 2 mg PO daily – not currently publicly funded for this regimen and intent. <i>Note: For use in patients with BRAF V600E mutation positive advanced non-small cell lung cancer after failure of at least one line of platinum-based systemic therapy</i>
DENO	Denosumab 120 mg SC – not currently publicly funded for this regimen and intent Q28 days
OSIM	Osimertinib 80 mg PO daily – not currently publicly funded for this regimen and intent. <i>Note: For locally advanced or metastatic EGFR T790M mutation-positive NSCLC who have progressed on or after EGFR TKI therapy</i>
PEMB(FIXED)	Pembrolizumab 200 mg IV day 1; Q21 days Not publicly funded. Universal compassionate access program available <i>Note: For 1st line use (PD-L1 TPS of 50% or greater, and no EGFR or ALK mutation)</i>
PEMB	Pembrolizumab 2 mg/kg IV day 1; Q21 days Not publicly funded. Universal compassionate access program available <i>Note: For 2nd line use in patients with a PD-L1 score of 1% or greater</i>

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